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MORBIDITY AND MORTALITY WEEKLY REPORT

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Notice to Readers

CDC was closed because of inclement weather on January 13, 14, and 15, 1982. It was therefore not possible to publish Vol. 31, No. 1, on the scheduled date of January 15, 1982. Thus, material included in this issue (Vol. 31, Nos. 1 and 2, January 22, 1982) comprises reports scheduled for January 15 and 22, as well as tables reflecting information received by CDC for reporting weeks 1 and 2 of calendar year 1982.

Epidemiologic Notes and Reports

Global Distribution of Penicillinase-Producing *Neisseria gonorrhoeae* (PPNG)

Strains of penicillinase(β -lactamase)-producing *Neisseria gonorrhoeae* (PPNG) continue to spread throughout the world. The number of countries where PPNG has been identified through May 1981 (Table 1) appears to be limited only by the capacity of local laboratory services to isolate and test for these strains. Many countries with good surveillance systems have observed 2- to 6-fold increases in the number of such cases reported within the last 18-24 months.

Gonococcal strains partially resistant to penicillin and other antibiotics have long been recognized, and infections caused by them have been treated with dose increases or with alternative antibiotics. However, many areas of the world now have a high proportion of patients for whom penicillin therapy is not effective because of gonococcal strains with plasmid-mediated resistance. Alternative regimens for effective treatment may be difficult to identify and may result in increased treatment costs to the point where many governments or patients can no longer afford such treatment. Because alternative therapies are expensive, less effective treatments such as penicillins continue to be used. This further selects for drug resistance and extends the infectious period for patients. Thus, gonorrhea transmission may be expected to continue, and the proportion of infected patients who develop complications may be expected to rise.

Reported by Bacterial and Venereal Infections Unit, World Health Organization in PAHO Epidemiologic Bulletin 1981;2:8-9, Venereal Disease Control Div, Center for Prevention Svcs, CDC.

PPNG — Continued

TABLE 1. Locations with identified strains of β -lactamase-producing *Neisseria gonorrhoeae* through May 1981*

Africa	Americas	East Asia	Europe	South East Asia
Morocco	Canada	Philippines	France	Indonesia
Ghana	United States	Hong Kong	Belgium	Singapore
Mali	Mexico	Taiwan	Netherlands	Malaysia
Nigeria	Panama	Guam	United Kingdom	Thailand
Central African Republic	Argentina	Japan	West Germany	India
Gabon	Colombia	Republic of Korea	Denmark	Sri Lanka
Zaire		New Zealand	Poland	
Madagascar		New Hebrides	Switzerland	
Zambia		Australia	Sweden	
Senegal			Norway	
			Finland	

*Information obtained through WHO Epidemiological Surveillance System; adapted from PAHO Epidemiologic Bulletin.

Editorial Note: The number of cases of PPNG infection, reported in the United States increased from 328 in 1979 to 1,099 in 1980 (1) and to 1,910 in the first 9 months of 1981 (2). This trend apparently resulted from increases in numbers of cases of imported disease (mainly from the Philippines, Thailand, and the Republic of Korea) and from sustained domestic transmission in major metropolitan areas (particularly New York City, Miami, and Los Angeles). Importation of disease and subsequent transmission within the United States can be expected to continue. However, the effect of such continuing importation can be minimized by more widespread adherence to the use of 2 g of spectinomycin for initial treatment of uncomplicated, anogenital gonorrhea in patients who acquired the disease in countries with areas of high PPNG prevalence (3).

In some areas of the United States, intensified efforts have been successful in controlling the infection even after a period of sustained domestic transmission. In Washington state, while the proportion of imported cases increased from 15% in 1980 to 41% in the first 9 months of 1981, the total number of PPNG cases decreased from 96 to 26 in the same periods. In Los Angeles, the number of PPNG cases averaged 49 per month between January and July 1981 while the control effort was being developed; then for the months of August through November, PPNG cases decreased to 33, 33, 11, and 17, respectively. Miami, which had a peak of 61 cases in August, reported 49, 26, and 13 in September, October, and November, respectively.

Continued efforts to control PPNG transmission in this country must include testing of all gonococcal isolates for penicillinase production; prompt identification of sexual partners of all PPNG patients; screening of all groups considered to be at high risk of PPNG infection; and treatment of all the following with 2 g of spectinomycin: all PPNG patients and their sexual partners; patients who acquired gonorrhea in countries with high PPNG prevalence; and all patients for whom penicillin, ampicillin, amoxicillin, or tetracycline is not effective treatment for gonorrhea.

Evaluation of control strategies in the United States will continue. At the same time, operational research will be essential in countries with high PPNG prevalence to identify effective, feasible control strategies; to limit the adverse health effects of PPNG on people in these countries; and to reduce international transmission of PPNG.

References

1. Jaffe HW, Biddle JW, Johnson SR, Wiesner PJ. Infections due to penicillinase-producing *Neisseria*

PPNG — Continued

- gonorrhoeae* in the United States: 1976-1980. *J Infect Dis* 1981;144:191-7.
2. CDC. Penicillinase-producing *Neisseria gonorrhoeae* surveillance. Atlanta: Venereal Disease Control Div, CDC, 1981.
 3. CDC. Penicillinase-producing *Neisseria gonorrhoeae*—New Mexico, California. *MMWR* 1980;29:381-2.

A Foodborne Outbreak of Streptococcal Pharyngitis — Portland, Oregon

A foodborne outbreak of streptococcal pharyngitis occurred in association with a meeting held in a Portland, Oregon, hotel on May 7-9, 1981. Attending the meeting were 595 medical technologists and microbiologists from Oregon, Washington, Alaska, and California, as well as 175 exhibitors and 50 guest speakers. An estimated 300 persons were ill.

Beginning May 11, the epidemiology sections of the Multnomah County Health Officer Division and the Oregon State Health Division received calls from persons who had attended the meeting and were complaining of sore throats. Some reported having positive throat cultures for β -hemolytic group A streptococci. A foodborne source was suspected because of the high attack rate suggested by these telephone calls.

Equipment from the banquet kitchen, which had separate facilities and staff from the kitchen serving the general public, was inspected and met all hygienic standards. Personnel working in the banquet kitchen were examined briefly on May 12 for inflamed throats, enlarged cervical lymph nodes, and lesions on the hands and arms. Interviews with staff members and throat and skin cultures from the same group revealed that 5 of 10 employees who had been working had infected throats and/or hand lesions. Of 10 throat cultures, 4 were positive for β -hemolytic group A streptococci; of 5 cultures of skin lesions, 3 were positive for group A streptococci.

A questionnaire was prepared to determine symptoms, throat-culture results, food-consumption history, and meeting session(s) and meals attended by conference participants. Investigators were able to contact and interview 156 (26%) persons from a 30% systematic sample.

A case was defined as illness consisting of either sore throat and enlarged cervical lymph nodes, or 1 of those symptoms plus a throat culture positive for β -hemolytic group A streptococci, with illness beginning in the period May 7-13. Of 156 persons interviewed, 60 (38%) met the case definition. Onset of illness ranged from noon on May 8 to 8 AM on May 12 (Figure 1); 32 of the 60 persons became ill on May 9 between 8 AM and 4 PM.

Most persons involved in this outbreak had not had contact with each other before the meeting. However, during the conference, there were 8 group meals or gatherings involving food. The same food handlers prepared all food, which was apportioned into individual servings in the preparation area. A comparison of attack rates associated with individual meals showed that attendance at certain meals was apparently associated with becoming ill (Table 2).

Illness was associated with attendance at either of 2 social functions: hors d'oeuvres on Thursday afternoon or lunch on Friday (Table 2). The relative risk of becoming ill was greatest, however, for individuals present at lunch on Friday, suggesting a mean incubation period of 24-30 hours (Figure 1). No specific food could be identified as the vehicle of infection because most participants apparently ate portions of most of the food items offered. Foods served at lunch on Friday included tuna, chicken, ham, and carrot salads; the Thursday hors

Streptococcal Pharyngitis – Continued

d'œuvres included potato salad and several cold canapés. No food from either meal was available for testing.

Streptococcal isolates from 26 participants and 5 food handlers were forwarded from 4 laboratories in Oregon to CDC for T and M typing. Isolates from all 31 persons were identical (T type 9, M negative, SOR positive).

Because these findings indicated that all conference participants may have been exposed to streptococci, persons who attended the meeting were notified of this possible exposure by the organizing association. Persons with compatible symptoms were advised to seek medical care. All patients whose treatment regimen was known were given oral penicillin with the ex-

FIGURE 1. Cases of streptococcal pharyngitis, by onset, Portland, Oregon, May 1981

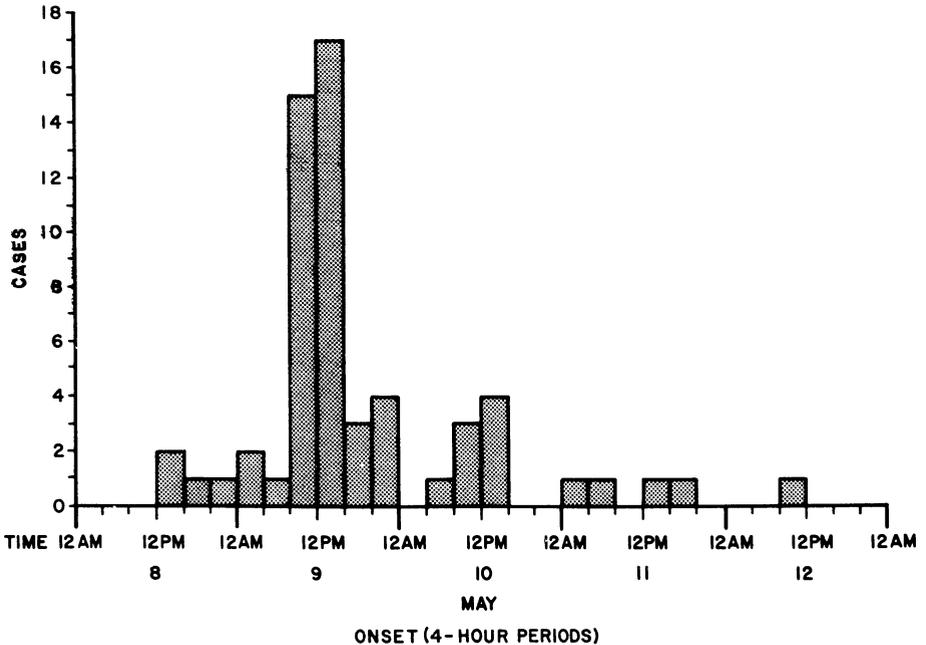


TABLE 2. Meal-specific attack rates, Portland, Oregon, May 1981

Meal	Number of persons who ate specified meal				Number of persons who did not eat specified meal				X ²
	Ill	Not Ill	Total	%Ill	Ill	Not Ill	Total	%Ill	
Thursday									
Lunch	26	30	56	46	34	56	90	38	1.07
Hors d'œuvres	21	13	34	62	39	85	122	32	22.75
Friday									
Lunch	51	21	72	70	10	74	84	12	57.31
Saturday									
Breakfast	12	19	31	39	48	77	125	38	—
Lunch	26	38	64	41	34	58	92	37	0.11

Streptococcal Pharyngitis — Continued

ception of 1, who received erythromycin because of penicillin allergy. Food handlers given an antibiotic were allowed to return to work 48 hours after beginning treatment. Representatives of other groups that had banquets at the hotel during the same week were contacted, but no illness was reported among these groups.

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Editorial Note: Since pasteurization of dairy products and adequate refrigeration of prepared foods have become commonplace, outbreaks of foodborne illness caused by group A streptococci have been infrequent. Between 1973 and 1980, only 2 such outbreaks were reported to CDC. In virtually every investigation where a single food item could be incriminated, contaminated eggs or salads (egg, potato, meat) were the vehicle of transmission (1-4). Faulty food-handling techniques, particularly storage of prepared foods at improper temperatures for prolonged periods of time, have been identified in most of these investigations. Although infected food handlers have been implicated or suspected as the primary source of infection, it has not been clear whether contamination took place by respiratory droplets or by direct hand contact with the food.

The outbreak described here fits the previously established pattern of foodborne outbreaks of streptococcal pharyngitis, with a high attack rate and a short incubation period (1-4 days) following exposure. Although no single food item could be implicated, attendance at either of 2 meals was strongly associated with the development of illness. These meals, like many of the others served to this group, included a variety of salads. The food handlers had a high rate of streptococcal infection, including 3 persons who had culture-positive hand lesions. It was not possible to determine a single route by which food had been contaminated in this outbreak, because both throat and skin lesion cultures were positive. Furthermore, it is unknown which of the culture-positive food handlers may have had a primary case and which had secondary cases. However, it seems likely that food preparation by workers with open, culture-positive hand lesions contributed to contamination of the food.

References

1. Hill HR, Zimmerman RA, Reid GV, Wilson E, Kilton RM. Food-borne epidemic of streptococcal pharyngitis at the United States Air Force Academy. *N Engl J Med* 1969;280:917-21.
2. Horowitz MA. Specific diagnosis of foodborne disease. *Gastroenterology* 1977;73:375-81.
3. McCormick JB, Kay D, Hayes P, Feldman R. Epidemic streptococcal sore throat following a community picnic. *JAMA* 1976;236:1039-41.
4. CDC. Outbreak of foodborne streptococcal disease—Florida. *MMWR* 1974;23:365-6.

Current Trends

Use of Continuous Subcutaneous Insulin Infusion Pumps — Georgia, Maine, and Nebraska

Continuous subcutaneous insulin infusion (CSII) pumps allow insulin to be administered at a continuous low level with additional amounts before meals or snacks in order to normalize blood glucose. These are portable open-loop devices which do not have glucose sensors. Re-

Insulin Infusion Pumps — Continued

sults of the first clinical trial of CSII pumps were published in 1978, and in the past year they have had increased use in the medical community.

Information concerning the utilization of CSII pumps has enabled estimates to be made of the number of these devices currently in community use. In December 1981, 5 pumps were used for persons in Maine (19/100,000 diabetics based on a national prevalence of diabetes of 2.3%), 14 (39/100,000 diabetics) in Nebraska, and 43 (92/100,000 diabetics) in Atlanta.

Physicians have provided additional information for 37 patients being treated in non-university-based practices in Atlanta. All but one of these patients had onset of diabetes prior to age 30, and all were insulin dependent. Twenty-two (59.5%) were male; 36 (97.3%) were white. Most (89.2%), all but 4, were in social classes 1 through 3 (Hollingshead index). Clinically, 28 had major complications of diabetes including nephropathy (10), retinopathy (2), and neuropathy (19). Most (30) were begun on pumps primarily for blood-sugar control—all but 3 as inpatients, with an average duration of hospitalization of 6.4 days. Thirty-three patients have remained on the pumps. Mechanical failure of the pumps was noted in 3 cases; none of the patients had serious clinical complications. Three additional patients had local abscesses or other localized reactions.

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(Continued on page 15)

TABLE I. Summary — cases of specified notifiable diseases, United States

DISEASE	1st WEEK ENDING			CUMULATIVE, FIRST WEEK		
	January 9 1982	January 10 1981	MEDIAN 1977-1981	January 9 1982	January 10 1981	MEDIAN 1977-1981
Aseptic meningitis	83	69	54	83	69	54
Brucellosis	3	—	2	3	—	2
Encephalitis: Primary (arthropod-borne & unspec.)	7	10	6	7	10	6
Post-infectious	—	1	1	—	1	1
Gonorrhea: Civilian	18,584	18,202	16,306	18,584	18,202	16,306
Military	496	555	488	496	555	488
Hepatitis: Type A	306	321	365	306	321	365
Type B	240	272	233	240	272	233
Non A, Non B	9	N	—	9	N	—
Unspecified	129	152	124	129	152	124
Legionellosis	—	N	—	—	N	—
Leprosy	—	2	2	—	2	2
Malaria	7	19	8	7	19	8
Measles (rubeola)	6	15	118	6	15	118
Meningococcal infections: Total	32	55	29	32	55	29
Civilian	32	55	29	32	55	29
Military	—	—	—	—	—	—
Mumps	42	60	132	42	60	132
Pertussis	10	8	10	10	8	10
Rubella (German measles)	16	29	54	16	29	54
Syphilis (Primary & Secondary): Civilian	557	518	410	557	518	410
Military	6	9	7	6	9	7
Tuberculosis	307	240	240	307	240	240
Tularemia	—	1	1	—	1	1
Typhoid fever	3	5	4	3	5	4
Typhus fever, tick-borne (RMSF)	3	3	1	3	3	1
Rabies, animal	71	74	44	71	74	44

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	—	Poliomyelitis: Total	—
Botulism (Calif. 5)	5	Paralytic	—
Cholera (Calif. 1 imported)	1	Psittacosis (Calif. 4)	4
Congenital rubella syndrome	—	Rabies, human	—
Diphtheria	—	Tetanus (Calif. 1)	1
Leptospirosis	—	Trichinosis (Nev. 1)	1
Plague	—	Typhus fever, flea-borne (endemic, murine)	—

TABLE III. Cases of specified notifiable diseases, United States, weeks ending
January 9, 1982 and January 10, 1982 (1st week)

REPORTING AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	ENCEPHALITIS		GONORRHEA (Civilian)		HEPATITIS (Viral), by type				LEGIONEL- LOSIS	LEPROSY
			Primary	Post-in- fectious			A	B	NA, NB	Unspecified		
			1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1981	1982	1982		
UNITED STATES	83	3	7	-	18,584	18,202	306	240	9	129	-	-
NEW ENGLAND	2	-	-	-	368	456	6	9	-	9	-	-
Maine	-	-	-	-	32	31	1	-	-	-	-	-
N.H.	-	-	-	-	13	26	1	1	-	-	-	-
Vt.	-	-	-	-	14	10	-	-	-	-	-	-
Mass.	2	-	-	-	106	192	2	2	-	9	-	-
R.I.	-	-	-	-	18	22	2	5	-	-	-	-
Conn.	-	-	-	-	185	175	-	1	-	-	-	-
MID. ATLANTIC	4	-	-	-	1,494	1,656	18	12	-	5	-	-
Upstate N.Y.	3	-	-	-	-	-	14	8	-	2	-	-
N.Y. City	-	-	-	-	950	775	4	4	-	2	-	-
N.J.	1	-	-	-	203	517	-	-	-	1	-	-
Pa.	-	-	-	-	341	364	-	-	-	-	-	-
E.N. CENTRAL	22	-	4	-	1,759	2,440	37	74	-	22	-	-
Ohio	-	-	-	-	347	427	-	-	-	-	-	-
Ind.	13	-	2	-	149	187	13	14	-	14	-	-
Ill.	2	-	-	-	225	695	1	41	-	-	-	-
Mich.	7	-	1	-	727	890	22	17	-	7	-	-
Wis.	-	-	1	-	311	241	1	2	-	1	-	-
W.N. CENTRAL	5	-	-	-	1,292	803	14	6	1	3	-	-
Minn.	1	-	-	-	256	80	5	2	1	2	-	-
Iowa	1	-	-	-	115	100	3	1	-	-	-	-
Mo.	1	-	-	-	580	345	2	2	-	1	-	-
N. Dak.	1	-	-	-	15	10	-	-	-	-	-	-
S. Dak.	1	-	-	-	27	31	2	-	-	-	-	-
Nebr.	-	-	-	-	22	94	2	1	-	-	-	-
Kans.	-	-	-	-	277	143	-	-	-	-	-	-
S. ATLANTIC	4	-	-	-	5,906	4,325	10	26	2	9	-	-
Del.	-	-	-	-	72	141	1	-	-	1	-	-
Md.	-	-	-	-	450	499	-	-	-	-	-	-
D.C.	-	-	-	-	186	277	1	1	-	-	-	-
Va.	2	-	-	-	339	339	3	5	-	1	-	-
W. Va.	-	-	-	-	32	62	1	3	2	2	-	-
N.C.	1	-	-	-	1,339	652	1	9	-	3	-	-
S.C.	-	-	-	-	302	439	3	8	-	2	-	-
Ga.	-	-	-	-	942	1,098	-	-	-	-	-	-
Fla.	1	-	-	-	2,244	818	-	-	-	-	-	-
E.S. CENTRAL	9	-	-	-	1,534	2,121	20	15	1	7	-	-
Ky.	-	-	-	-	119	273	8	4	-	1	-	-
Tenn.	8	-	-	-	482	603	10	7	1	3	-	-
Ala.	1	-	-	-	526	850	2	4	-	3	-	-
Miss.	-	-	-	-	407	395	-	-	-	-	-	-
W.S. CENTRAL	5	-	1	-	3,578	3,805	49	10	-	30	-	-
Ark.	-	-	-	-	456	240	-	-	-	-	-	-
La.	-	-	-	-	76	201	-	-	-	-	-	-
Okla.	-	-	-	-	246	255	-	-	-	1	-	-
Tex.	5	-	1	-	2,800	3,109	49	10	-	29	-	-
MOUNTAIN	3	-	-	-	253	657	48	8	3	5	-	-
Mont.	-	-	-	-	45	15	2	-	-	-	-	-
Idaho	-	-	-	-	10	25	1	1	-	-	-	-
Wyo.	-	-	-	-	32	41	1	-	-	-	-	-
Colo.	1	-	-	-	-	160	9	3	-	1	-	-
N. Mex.	-	-	-	-	46	79	9	-	-	-	-	-
Ariz.	-	-	-	-	-	171	13	-	1	2	-	-
Utah	2	-	-	-	25	33	9	2	1	2	-	-
Nev.	-	-	-	-	95	133	4	2	1	-	-	-
PACIFIC	29	3	2	-	2,400	1,939	104	80	2	39	-	-
Wash.	1	-	1	-	229	138	-	-	-	-	-	-
Oreg.	-	-	-	-	183	183	4	12	2	-	-	-
Calif.	24	3	1	-	1,862	1,521	99	60	-	39	-	-
Alaska	-	-	-	-	64	43	-	5	-	-	-	-
Hawaii	4	-	-	-	62	54	1	3	-	-	-	-
Guam	U	-	-	-	-	8	U	U	U	U	U	-
P.R.	U	-	-	-	-	45	U	U	U	U	U	-
V.I.	-	-	-	-	3	-	-	-	-	-	-	-
Pac. Trust Terr.	U	-	-	-	-	11	U	U	U	U	U	-

N: Not notifiable

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
January 9, 1982 and January 10, 1981 (1st week)

REPORTING AREA	MALARIA		MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS (Total)		MUMPS		PERTUSSIS	RUBELLA		
	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981	1982	CUM. 1982	1982	CUM. 1982	1982	1982	CUM. 1982	CUM. 1981
UNITED STATES	7	7	6	6	15	32	32	42	42	10	16	16	29
NEW ENGLAND	-	-	1	1	1	5	5	6	6	1	-	-	9
Maine	-	-	-	-	-	-	-	1	1	-	-	-	7
N.H.	-	-	1	1	1	3	3	-	-	-	-	-	2
Vt.	-	-	-	-	-	1	1	-	-	-	-	-	-
Mass.	-	-	-	-	-	2	2	5	5	1	-	-	-
R.I.	-	-	-	-	-	1	1	-	-	-	-	-	-
Conn.	-	-	-	-	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	-	-	1	1	6	5	5	-	-	-	1	1	8
Upstate N.Y.	-	-	1	1	1	-	-	-	-	-	1	1	2
N.Y. City	-	-	-	-	2	-	-	-	-	-	-	-	1
N.J.	-	-	-	-	-	5	5	-	-	-	-	-	5
Pa.	-	-	-	-	3	-	-	-	-	-	-	-	-
E.N. CENTRAL	-	-	1	1	-	1	1	10	10	3	-	-	2
Ohio	-	-	-	-	-	-	-	-	-	-	-	-	-
Ind.	-	-	1	1	-	-	-	2	2	-	-	-	1
Ill.	-	-	-	-	-	-	-	2	2	-	-	-	-
Mich.	-	-	-	-	-	1	1	5	5	2	-	-	-
Wis.	-	-	-	-	-	-	-	1	1	1	-	-	1
W.N. CENTRAL	-	-	-	-	-	1	1	4	4	-	1	1	1
Minn.	-	-	-	-	-	-	-	-	-	-	1	1	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-
Mo.	-	-	-	-	-	1	1	2	2	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	2	2	-	-	-	-
Kans.	-	-	-	-	-	-	-	2	2	-	-	-	1
S. ATLANTIC	2	2	-	-	-	4	4	8	8	2	4	4	3
Del.	-	-	-	-	-	-	-	-	-	-	-	-	-
Md.	-	-	-	-	-	-	-	-	-	-	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	1	1	-	-	-	1	1	1	1	-	4	4	-
W. Va.	-	-	-	-	-	-	-	6	6	1	-	-	2
N.C.	-	-	-	-	-	-	-	-	-	-	-	-	1
S.C.	1	1	-	-	-	2	2	1	1	1	-	-	-
Ge.	-	-	-	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	-	-	-	1	1	-	-	-	-	-	-
E.S. CENTRAL	-	-	-	-	-	3	3	1	1	-	1	1	1
Ky.	-	-	-	-	-	-	-	1	1	-	1	1	1
Tenn.	-	-	-	-	-	1	1	-	-	-	-	-	-
Ala.	-	-	-	-	-	2	2	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	-	-	-	-	-	-	-
W.S. CENTRAL	-	-	-	-	-	6	6	1	1	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	2	2	-	-	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tex.	-	-	-	-	-	4	4	1	1	-	-	-	-
MOUNTAIN	-	-	-	-	4	3	3	3	3	1	1	1	-
Mont.	-	-	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	1	1	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	1	1	-
Colo.	-	-	-	-	-	1	1	-	-	-	-	-	-
N. Mex.	-	-	-	-	-	1	1	-	-	-	-	-	-
Ariz.	-	-	-	-	-	1	1	1	1	1	-	-	-
Utah	-	-	-	-	-	1	1	1	1	-	-	-	-
Nev.	-	-	-	-	4	-	-	-	-	-	-	-	-
PACIFIC	5	5	3	3	4	4	4	9	9	3	8	8	5
Wash.	-	-	-	-	-	-	-	1	1	-	1	1	-
Oreg.	-	-	-	-	-	-	-	-	-	-	-	-	-
Calif.	5	5	2	2	4	4	4	8	8	3	7	7	5
Alaska	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	1	1	-	-	-	-	-	-	-	-	-
Guam	U	-	U	-	1	U	-	U	-	U	U	-	-
P.R.	U	-	U	-	-	U	-	U	-	U	U	-	-
V.I.	-	-	-	-	-	-	-	-	-	-	-	-	-
Pac. Trust Terr.	U	-	U	-	-	U	-	U	-	U	U	-	-

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 9, 1982 and January 10, 1981 (1st week)

REPORTING AREA	SYPHILIS (Civilian) (Primary & Secondary)		TUBERCULOSIS		TULA- REMA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		RABIES, Animal
	CUM. 1982	CUM. 1981	1982	CUM. 1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1982
UNITED STATES	557	518	307	307	-	3	3	3	3	71
NEW ENGLAND	6	11	5	5	-	-	-	-	-	1
Maine	-	-	1	1	-	-	-	-	-	1
N.H.	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	2	2	-	-	-	-	-	-
Mass.	6	9	1	1	-	-	-	-	-	-
R.I.	-	-	1	1	-	-	-	-	-	-
Conn.	-	2	-	-	-	-	-	-	-	-
MID. ATLANTIC	56	74	21	21	-	-	-	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-
N.Y. City	42	45	16	16	-	-	-	-	-	-
N.J.	3	10	-	-	-	-	-	-	-	-
Pa.	11	19	5	5	-	-	-	-	-	-
E.N. CENTRAL	10	35	48	48	-	-	-	-	-	7
Ohio	5	4	20	20	-	-	-	-	-	-
Ind.	2	3	13	13	-	-	-	-	-	1
Ill.	-	18	15	15	-	-	-	-	-	2
Mich.	2	3	-	-	-	-	-	-	-	-
Wis.	1	7	-	-	-	-	-	-	-	4
W.N. CENTRAL	10	9	1	1	-	-	-	-	-	25
Minn.	-	-	-	-	-	-	-	-	-	8
Iowa	-	-	-	-	-	-	-	-	-	8
Mo.	10	5	1	1	-	-	-	-	-	3
N. Dak.	-	-	-	-	-	-	-	-	-	3
S. Dak.	-	-	-	-	-	-	-	-	-	-
Nebr.	-	2	-	-	-	-	-	-	-	1
Kans.	-	2	-	-	-	-	-	-	-	2
S. ATLANTIC	175	127	76	76	-	-	-	1	1	10
Del.	-	1	-	-	-	-	-	-	-	-
Md.	4	9	15	15	-	-	-	-	-	-
D.C.	9	14	4	4	-	-	-	-	-	-
Va.	6	5	5	5	-	-	-	-	-	4
W. Va.	-	-	2	2	-	-	-	-	-	-
N.C.	20	19	6	6	-	-	-	1	1	-
S.C.	7	11	16	16	-	-	-	-	-	-
Ga.	42	37	28	28	-	-	-	-	-	5
Fla.	87	31	-	-	-	-	-	-	-	1
E.S. CENTRAL	45	60	29	29	-	-	-	2	2	11
Ky.	-	3	8	8	-	-	-	-	-	2
Tenn.	8	21	11	11	-	-	-	-	-	7
Ala.	16	27	10	10	-	-	-	2	2	2
Miss.	21	9	-	-	-	-	-	-	-	-
W.S. CENTRAL	184	143	-	-	-	-	-	-	-	7
Ark.	7	-	-	-	-	-	-	-	-	3
La.	-	-	-	-	-	-	-	-	-	-
Okla.	1	-	-	-	-	-	-	-	-	2
Tex.	176	143	-	-	-	-	-	-	-	2
MOUNTAIN	3	3	12	12	-	-	-	-	-	1
Mont.	-	-	-	-	-	-	-	-	-	1
Idaho	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-
Colo.	-	2	6	6	-	-	-	-	-	-
N. Mex.	-	-	3	3	-	-	-	-	-	-
Ariz.	-	-	3	3	-	-	-	-	-	-
Utah	-	-	-	-	-	-	-	-	-	-
Nev.	3	1	-	-	-	-	-	-	-	-
PACIFIC	68	56	115	115	-	3	3	-	-	9
Wash.	-	2	-	-	-	-	-	-	-	-
Oreg.	-	1	3	3	-	-	-	-	-	-
Calif.	66	51	109	109	-	3	3	-	-	9
Alaska	-	1	-	-	-	-	-	-	-	-
Hawaii	2	1	3	3	-	-	-	-	-	-
Guam	-	-	U	-	-	U	-	U	-	-
P.R.	-	1	U	-	-	U	-	U	-	-
V.I.	-	-	-	-	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	-	-	U	-	U	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
January 9, 1982 (1st week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P & I** TOTAL
	ALL AGES	≥65	45-64	25-44	1-24	<1			ALL AGES	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	768	543	149	40	15	21	40	S. ATLANTIC	1,313	802	349	85	32	44	59
Boston, Mass.	212	145	39	14	6	8	11	Atlanta, Ga.	151	84	42	16	5	4	9
Bridgeport, Conn.	40	30	8	1	1	—	6	Baltimore, Md.	188	111	42	11	8	16	5
Cambridge, Mass.	24	15	7	2	—	—	3	Charlotte, N.C.	76	43	23	6	—	3	5
Fall River, Mass.	31	23	5	2	1	—	1	Jacksonville, Fla.	132	81	41	7	1	2	7
Hartford, Conn.	75	51	17	3	2	2	2	Miami, Fla.	107	51	35	11	5	5	2
Lowell, Mass.	32	24	8	—	—	—	—	Norfolk, Va.	79	57	12	6	—	4	7
Lynn, Mass.	16	9	6	1	—	—	—	Richmond, Va.	89	59	24	5	—	1	7
New Bedford, Mass.	24	23	6	1	—	—	—	Savannah, Ga.	47	33	9	2	2	1	4
New Haven, Conn.	61	38	15	5	2	1	2	St. Petersburg, Fla.	113	95	15	—	2	1	8
Providence, R.I.	85	65	12	5	1	2	5	Tampa, Fla.	80	48	25	4	1	2	2
Somerville, Mass.	11	10	1	—	—	—	2	Washington, D.C.	198	110	66	12	5	5	1
Springfield, Mass.	44	33	8	1	—	2	5	Wilmington, Del.	53	30	15	5	3	—	2
Waterbury, Conn.	39	23	9	2	1	4	2								
Worcester, Mass.	74	54	14	3	1	2	1								
MID. ATLANTIC	2,626	1,702	655	179	60	30	105	E.S. CENTRAL	787	469	221	57	24	16	25
Albany, N.Y.	46	31	10	3	—	2	2	Birmingham, Ala.	111	70	25	11	3	2	4
Allentown, Pa.	20	12	6	2	—	—	2	Chattanooga, Tenn.	46	29	14	1	1	1	3
Buffalo, N.Y.	100	71	20	6	3	—	8	Knoxville, Tenn.	66	42	17	2	3	2	1
Camden, N.J.	38	25	12	1	—	—	—	Louisville, Ky.	128	78	30	15	2	3	9
Elizabeth, N.J.	24	15	9	—	—	—	2	Memphis, Tenn.	202	107	73	14	6	2	6
Erie, Pa.†	41	27	10	3	1	—	—	Mobile, Ala.	30	15	8	3	3	1	—
Jersey City, N.J.	47	29	16	1	1	—	—	Montgomery, Ala.	58	36	15	4	1	2	1
N.Y. City, N.Y.	1,419	902	359	113	33	12	49	Nashville, Tenn.	146	92	39	7	5	3	1
Newark, N.J.	68	36	17	10	4	1	7								
Paterson, N.J.	28	15	8	4	1	—	1	W.S. CENTRAL	1,356	803	323	107	65	57	51
Philadelphia, Pa.†	290	189	77	11	9	4	9	Austin, Tex.	42	29	7	2	2	2	1
Pittsburgh, Pa.†	126	77	38	8	1	1	2	Baton Rouge, La.	54	37	9	2	1	5	3
Reading, Pa.	36	25	5	3	—	1	3	Corpus Christi, Tex.	48	26	7	8	3	3	1
Rochester, N.Y.	124	86	29	7	2	—	12	Dallas, Tex.	244	134	71	19	9	11	2
Schenectady, N.Y.	23	17	5	1	—	—	1	El Paso, Tex.	75	46	16	7	4	2	4
Scranton, Pa.†	31	25	3	—	3	—	2	Fort Worth, Tex.	102	68	24	3	7	—	9
Syracuse, N.Y.	87	64	13	2	—	8	3	Houston, Tex.	148	78	37	17	14	2	7
Trenton, N.J.	26	15	7	2	2	—	—	Little Rock, Ark.	76	50	17	5	3	1	3
Utica, N.Y.	16	12	4	—	—	—	1	New Orleans, La.	184	91	49	19	5	20	3
Yonkers, N.Y.	39	29	7	2	—	1	1	San Antonio, Tex.	205	126	46	17	11	5	13
								Shreveport, La.	44	30	10	1	—	3	—
								Tulsa, Okla.	134	88	30	7	6	3	5
E.N. CENTRAL	2,459	1,583	609	115	76	75	96	MOUNTAIN	745	454	173	64	36	16	39
Akron, Ohio	96	70	17	4	2	3	—	Albuquerque, N. Mex.	87	31	22	18	13	1	5
Canton, Ohio	48	35	9	4	—	—	2	Colo. Springs, Colo.	43	32	8	1	2	—	3
Chicago, Ill.	518	301	144	33	25	15	8	Denver, Colo.	138	85	34	14	2	3	8
Cincinnati, Ohio	150	104	31	6	6	3	17	Las Vegas, Nev.	86	46	22	10	6	2	4
Cleveland, Ohio	190	107	51	11	8	13	5	Ogden, Utah	31	24	4	2	1	—	4
Columbus, Ohio	89	56	23	6	1	3	3	Phoenix, Ariz.	177	114	47	9	3	4	2
Dayton, Ohio	135	83	41	4	1	6	5	Pueblo, Colo.	20	13	4	2	1	—	2
Detroit, Mich.	277	156	80	19	10	12	12	Salt Lake City, Utah	49	32	10	3	1	3	—
Evansville, Ind.	71	50	19	1	1	—	5	Tucson, Ariz.	114	77	22	5	7	3	11
Fort Wayne, Ind.	111	69	33	3	3	3	9								
Gary, Ind.	27	16	7	4	—	—	1	PACIFIC	1,920	1,262	429	114	53	61	82
Grand Rapids, Mich.	65	46	15	1	1	2	4	Berkeley, Calif.	20	17	3	—	—	—	—
Indianapolis, Ind.	179	111	47	9	8	4	7	Fresno, Calif.	94	60	21	6	1	6	4
Madison, Wis.	31	22	6	1	1	1	4	Glendale, Calif.	22	16	3	2	—	1	1
Milwaukee, Wis.	186	138	42	3	2	1	2	Honolulu, Hawaii	50	28	14	3	3	2	5
Peoria, Ill.	18	12	3	1	1	1	3	Long Beach, Calif.	98	60	26	5	3	4	2
Rockford, Ill.	56	37	12	—	3	4	5	Los Angeles, Calif.	547	352	130	36	19	10	24
South Bend, Ind.	42	27	14	—	—	1	2	Oakland, Calif.	81	52	17	7	1	4	5
Toledo, Ohio §	106	100	—	2	1	2	2	Pasadena, Calif.	47	33	6	5	—	3	1
Youngstown, Ohio	64	43	15	3	2	1	—	Portland, Oreg.	110	70	31	4	1	4	—
								Sacramento, Calif.	88	59	18	4	3	4	5
W.N. CENTRAL	848	576	166	44	28	34	30	San Diego, Calif.	133	89	30	7	4	3	2
Des Moines, Iowa	55	40	6	3	4	2	1	San Francisco, Calif.	194	130	40	11	6	6	8
Duluth, Minn.	32	29	2	—	—	—	2	San Jose, Calif.	202	128	48	14	8	4	12
Kansas City, Kans.	37	20	13	2	1	1	1	Seattle, Wash.	111	74	27	2	4	4	2
Kansas City, Mo.	132	97	24	5	2	4	5	Spokane, Wash.	66	51	9	5	—	1	5
Lincoln, Neb.	42	27	10	3	1	1	2	Tacoma, Wash.	57	43	6	3	—	5	6
Minneapolis, Minn.	95	61	18	5	4	7	3								
Omaha, Neb.	109	74	21	3	6	5	3	TOTAL	12,822 ^{††}	8,194	3,074	805	389	354	527
St. Louis, Mo.	142	93	31	10	3	5	4								
St. Paul, Minn.	80	58	13	3	2	4	1								
Wichita, Kans.	124	77	28	10	5	4	8								

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

§Data not available. Figures are estimates based on average of past 4 weeks.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending
January 16, 1982 and January 17, 1981 (2nd week)

REPORTING AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	ENCEPHALITIS		GONORRHEA (Civilian)		HEPATITIS (Viral), by type				LEGIONEL- LOSIS	LEPROSY
			Primary	Post-in- fectious			A	B	NA, NB	Unspecified		
	1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1981	1982	1982	1982	1982	1982	CUM. 1982
UNITED STATES	78	3	17	-	37,010	37,128	304	255	21	158	4	-
NEW ENGLAND	3	-	-	-	779	900	4	15	-	11	-	-
Maine	-	-	-	-	50	54	-	1	-	-	-	-
N.H.	2	-	-	-	32	45	2	1	-	-	-	-
Vt.	-	-	-	-	23	18	-	-	-	-	-	-
Mass.	1	-	-	-	274	335	-	11	-	11	-	-
R.I.	-	-	-	-	49	45	2	1	-	-	-	-
Conn.	-	-	-	-	351	403	-	1	-	-	-	-
MID. ATLANTIC	16	-	4	-	3,441	3,696	33	28	3	10	-	-
Upstate N.Y.	2	-	1	-	327	167	12	13	3	8	-	-
N.Y. City	13	-	3	-	1,931	1,625	16	11	-	1	-	-
N.J.	-	-	-	-	453	964	5	4	-	1	-	-
Pa.	1	-	-	-	730	940	-	-	-	-	-	-
E.N. CENTRAL	9	-	5	-	4,493	3,905	42	28	3	16	-	-
Ohio	-	-	-	-	1,840	1,058	2	-	-	1	-	-
Ind.	-	-	2	-	252	315	11	4	-	11	-	-
Ill.	-	-	-	-	531	853	8	1	3	-	-	-
Mich.	8	-	2	-	1,291	1,168	17	21	-	4	-	-
Wis.	1	-	1	-	579	511	4	2	-	-	-	-
W.N. CENTRAL	5	-	-	-	1,866	1,988	15	4	-	6	-	-
Minn.	1	-	-	-	348	130	8	2	-	-	-	-
Iowa	-	-	-	-	158	193	-	-	-	-	-	-
Mo.	4	-	-	-	830	1,055	5	2	-	5	-	-
N. Dak.	-	-	-	-	20	29	-	-	-	-	-	-
S. Dak.	-	-	-	-	53	56	-	-	-	-	-	-
Nebr.	-	-	-	-	95	161	2	-	-	-	-	-
Kans.	-	-	-	-	362	364	-	-	-	1	-	-
S. ATLANTIC	6	-	-	-	11,024	8,820	8	45	1	10	-	-
Del.	-	-	-	-	157	185	-	10	-	1	-	-
Md.	-	-	-	-	1,700	894	-	-	-	1	-	-
D.C.	-	-	-	-	432	502	-	-	-	-	-	-
Va.	-	-	-	-	705	768	4	12	-	3	-	-
W. Va.	-	-	-	-	101	138	2	3	-	-	-	-
N.C.	2	-	-	-	2,003	1,547	-	10	-	4	-	-
S.C.	-	-	-	-	744	937	-	4	-	-	-	-
Ga.	-	-	-	-	1,678	2,025	1	1	-	-	-	-
Fla.	4	-	-	-	3,504	1,824	1	5	1	1	-	-
E.S. CENTRAL	7	-	1	-	2,548	3,578	13	23	1	4	2	-
Ky.	1	-	-	-	332	484	5	8	1	1	-	-
Tenn.	3	-	1	-	1,022	1,186	8	10	-	2	-	-
Ala.	-	-	-	-	697	1,180	-	5	-	1	2	-
Miss.	1	-	-	-	497	726	-	-	-	-	-	-
W.S. CENTRAL	4	-	1	-	6,034	7,161	55	21	-	30	-	-
Ark.	-	-	-	-	624	432	-	-	-	-	-	-
La.	-	-	-	-	611	797	4	3	-	2	-	-
Okla.	1	-	-	-	639	587	3	2	-	3	-	-
Tex.	3	-	1	-	4,160	5,345	48	16	-	25	-	-
MOUNTAIN	2	-	-	-	1,310	1,324	42	18	9	13	2	-
Mont.	-	-	-	-	84	45	1	1	-	-	-	-
Idaho	-	-	-	-	46	34	5	-	-	-	-	-
Wyo.	-	-	-	-	44	45	1	-	-	-	-	-
Colo.	-	-	-	-	333	403	8	2	-	5	1	-
N. Mex.	-	-	-	-	128	168	10	1	-	2	-	-
Ariz.	1	-	-	-	407	315	15	5	1	5	1	-
Utah	1	-	-	-	49	51	1	2	1	1	-	-
Nev.	-	-	-	-	219	263	1	8	6	-	-	-
PACIFIC	26	3	6	-	5,515	5,756	92	73	4	58	-	-
Wash.	-	-	1	-	434	426	21	5	2	1	-	-
Oreg.	-	-	-	-	323	354	4	2	2	-	-	-
Calif.	19	3	5	-	4,472	4,728	64	63	-	57	-	-
Alaska	-	-	-	-	176	112	3	-	-	-	-	-
Hawaii	7	-	-	-	110	136	-	3	-	-	-	-
Guam	U	-	-	-	-	14	U	U	U	U	U	-
P.R.	U	-	-	-	-	101	U	U	U	U	U	-
V.I.	U	-	-	-	3	-	U	U	U	U	U	-
Pac. Trust Terr.	U	-	-	-	-	23	U	U	U	U	U	-

N: Not notifiable

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
January 16, 1982 and January 17, 1981 (2nd week)

REPORTING AREA	MALARIA		MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS (Total)		MUMPS		PERTUSSIS	RUBELLA		
	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981	1982	CUM. 1982	1982	CUM. 1982	1982	1982	CUM. 1982	CUM. 1981
UNITED STATES	7	14	6	11	64	51	86	69	111	8	34	50	67
NEW ENGLAND	-	-	1	2	2	2	7	4	10	-	3	3	17
Maine	-	-	-	-	-	1	1	1	2	-	-	-	12
N.H.	-	-	-	1	1	-	3	2	2	-	3	3	5
Vt.	-	-	1	1	1	-	1	1	1	-	-	-	-
Mass.	-	-	-	-	-	-	-	-	5	-	-	-	-
R.I.	-	-	-	-	-	-	1	-	-	-	-	-	-
Conn.	-	-	-	-	-	1	1	-	-	-	-	-	-
MID. ATLANTIC	1	1	3	4	17	7	12	7	7	1	-	1	12
Upstate N.Y.	-	-	2	3	9	1	1	3	3	1	-	1	2
N.Y. City	1	1	-	-	2	4	4	1	1	-	-	-	3
N.J.	-	-	-	-	3	-	5	1	1	-	-	-	5
Pa.	-	-	1	1	3	2	2	2	2	-	-	-	2
E.N. CENTRAL	1	1	-	-	4	3	4	38	48	1	1	1	9
Ohio	-	-	-	-	-	-	-	24	24	-	-	-	-
Ind.	-	-	-	-	-	-	-	3	5	-	-	-	5
Ill.	-	-	-	-	-	-	-	-	2	-	-	-	1
Mich.	1	1	-	-	4	3	4	10	15	1	1	1	1
Wis.	-	-	-	-	-	-	-	1	2	-	-	-	3
W.N. CENTRAL	-	-	-	-	-	4	5	4	8	-	1	2	3
Minn.	-	-	-	-	-	3	3	-	-	-	-	1	-
Iowa	-	-	-	-	-	1	1	2	2	-	-	-	-
Mo.	-	-	-	-	-	-	1	-	2	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	-	-	-	-	-	2	4	-	1	1	3
S. ATLANTIC	-	2	-	-	4	6	13	2	10	-	-	4	6
Del.	-	-	-	-	-	-	-	-	-	-	-	-	-
Md.	-	-	-	-	-	1	1	1	1	-	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	-	1	-	-	-	1	2	-	1	-	-	4	-
W. Va.	-	-	-	-	1	1	1	1	7	-	-	-	4
N.C.	-	-	-	-	-	-	-	-	-	-	-	-	2
S.C.	-	1	-	-	-	1	3	-	1	-	-	-	-
Ga.	-	-	-	-	1	1	4	-	-	-	-	-	-
Fla.	-	-	-	-	2	1	2	-	-	-	-	-	-
E.S. CENTRAL	-	-	1	1	-	4	7	-	1	1	2	3	2
Ky.	-	-	-	-	-	1	1	-	1	-	2	3	2
Tenn.	-	-	1	1	-	2	3	-	-	1	-	-	-
Ala.	-	-	-	-	-	1	3	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	-	-	-	-	-	-	-
W.S. CENTRAL	-	-	-	-	3	5	11	1	2	-	6	6	2
Ark.	-	-	-	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	2	-	-	-	-	-	-
Okla.	-	-	-	-	-	3	5	9	1	-	6	6	2
Tex.	-	-	-	-	3	5	9	1	2	-	6	6	2
MOUNTAIN	1	1	-	-	4	2	5	-	3	2	1	2	-
Mont.	-	-	-	-	-	1	1	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	1	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	1	-
Colo.	1	1	-	-	-	-	1	-	-	-	-	-	-
N. Mex.	-	-	-	-	-	-	1	-	-	2	-	-	-
Ariz.	-	-	-	-	-	1	1	-	1	-	-	-	-
Utah	-	-	-	-	-	-	1	-	1	-	1	1	-
Nev.	-	-	-	-	4	-	-	-	-	-	-	-	-
PACIFIC	4	9	1	4	30	18	22	13	22	3	20	28	16
Wash.	1	1	-	-	-	3	3	7	8	-	-	1	-
Oreg.	-	-	-	-	-	7	7	-	-	-	-	-	-
Calif.	3	8	1	3	30	7	11	6	14	3	19	26	16
Alaska	-	-	-	-	-	1	1	-	-	-	-	-	-
Hawaii	-	-	-	1	-	-	-	-	-	-	1	1	-
Guam	U	-	U	-	1	U	-	U	-	U	U	-	-
P.R.	U	-	U	-	-	U	-	U	-	U	U	-	-
V.I.	U	-	U	-	-	U	-	U	-	U	U	-	-
Pac. Trust Terr.	U	-	U	-	-	U	-	U	-	U	U	-	-

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 16, 1982 and January 17, 1981 (2nd week)

REPORTING AREA	SYPHILIS (Civilian) (Primary & Secondary)		TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		RABIES, Animal
	CUM. 1982	CUM. 1981	1982	CUM. 1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1982
UNITED STATES	1, 123	1, 135	324	634	1	8	11	2	5	144
NEW ENGLAND	20	16	4	9	-	-	-	-	-	3
Maine	-	-	-	1	-	-	-	-	-	3
N.H.	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	2	-	-	-	-	-	-
Mass.	13	13	-	1	-	-	-	-	-	-
R.I.	1	1	2	3	-	-	-	-	-	-
Conn.	6	2	2	2	-	-	-	-	-	-
MID. ATLANTIC	171	159	54	75	-	1	1	-	-	-
Upstate N.Y.	13	14	20	20	-	1	1	-	-	-
N.Y. City	128	95	34	50	-	-	-	-	-	-
N.J.	13	19	-	-	-	-	-	-	-	-
Pa.	17	31	0	5	-	-	-	-	-	-
E.N. CENTRAL	20	78	41	89	-	-	-	-	-	15
Ohio	7	21	11	31	-	-	-	-	-	-
Ind.	2	4	1	14	-	-	-	-	-	2
Ill.	-	37	21	36	-	-	-	-	-	5
Mich.	7	7	0	-	-	-	-	-	-	-
Wis.	4	9	8	8	-	-	-	-	-	8
W.N. CENTRAL	28	18	4	5	1	-	-	-	-	54
Minn.	7	2	-	-	-	-	-	-	-	14
Iowa	-	-	1	1	-	-	-	-	-	16
Mo.	20	12	-	1	1	-	-	-	-	6
N. Dak.	1	-	-	-	-	-	-	-	-	5
S. Dak.	-	-	1	1	-	-	-	-	-	-
Nebr.	-	2	-	-	-	-	-	-	-	8
Kans.	-	2	2	2	-	-	-	-	-	5
S. ATLANTIC	315	234	54	130	-	1	1	1	2	19
Del.	2	1	1	1	-	-	-	-	-	-
Md.	15	25	10	25	-	-	-	-	-	-
D.C.	21	27	2	6	-	-	-	-	-	-
Va.	25	11	-	5	-	1	1	-	-	7
W. Va.	1	-	2	4	-	-	-	-	-	2
N.C.	24	28	9	15	-	-	-	1	2	-
S.C.	18	19	1	17	-	-	-	-	-	2
Ga.	68	69	9	37	-	-	-	-	-	7
Fla.	145	54	20	20	-	-	-	-	-	1
E.S. CENTRAL	69	119	26	55	-	-	-	-	2	13
Ky.	7	5	5	13	-	-	-	-	-	2
Tenn.	8	44	13	24	-	-	-	-	-	7
Ala.	28	45	8	18	-	-	-	-	2	4
Miss.	26	25	-	-	-	-	-	-	-	-
W.S. CENTRAL	330	311	32	35	-	1	1	-	-	17
Ark.	11	-	-	-	-	-	-	-	-	4
La.	33	35	2	2	-	-	-	-	-	-
Okla.	6	3	2	5	-	1	1	-	-	3
Tex.	280	273	28	28	-	-	-	-	-	10
MOUNTAIN	20	13	6	18	-	-	-	-	-	1
Mont.	-	-	-	-	-	-	-	-	-	1
Idaho	-	-	-	-	-	-	-	-	-	-
Wyo.	1	-	-	-	-	-	-	-	-	-
Colo.	10	7	1	7	-	-	-	-	-	-
N. Mex.	4	-	-	3	-	-	-	-	-	-
Ariz.	1	-	5	8	-	-	-	-	-	-
Utah	1	-	-	-	-	-	-	-	-	-
Nev.	3	6	-	-	-	-	-	-	-	-
PACIFIC	146	187	103	218	-	5	8	1	1	22
Wash.	-	4	1	1	-	-	-	-	-	-
Oreg.	4	4	3	6	-	-	-	-	-	-
Calif.	140	176	97	206	-	5	8	1	1	20
Alaska	-	1	-	-	-	-	-	-	-	2
Hawaii	2	2	2	5	-	-	-	-	-	-
Guam	-	-	0	-	-	0	-	0	-	-
P.R.	-	10	0	-	-	0	-	0	-	-
V.I.	-	-	0	-	-	0	-	0	-	-
Pac. Trust Terr.	-	-	0	-	-	0	-	0	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
January 16, 1982 (2nd week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P & I** TOTAL
	ALL AGES	>65	45-64	25-44	1-24	<1			ALL AGES	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	598	359	146	20	15	18	37	S. ATLANTIC	1,102	674	273	75	49	29	47
Boston, Mass.	171	99	48	8	5	11	13	Atlanta, Ga.	96	55	24	8	4	5	3
Bridgeport, Conn.	65	54	11	—	—	—	—	Baltimore, Md.	252	154	61	18	14	5	6
Cambridge, Mass.	23	19	4	—	—	—	4	Charlotte, N.C.	51	30	12	4	3	1	1
Fall River, Mass.	29	25	3	—	—	1	—	Jacksonville, Fla.	106	58	35	9	3	1	—
Hartford, Conn.	44	26	11	3	2	2	1	Miami, Fla.	87	44	27	6	6	1	3
Lowell, Mass.	15	10	5	—	—	—	—	Norfolk, Va.	57	36	13	2	2	4	5
Lynn, Mass.	18	10	6	—	1	1	1	Richmond, Va.	91	50	26	3	7	5	7
New Bedford, Mass.	15	10	4	1	—	—	1	Savannah, Ga.	51	37	8	3	1	2	7
New Haven, Conn.	37	23	11	2	1	—	4	St. Petersburg, Fla.	115	104	7	1	—	3	6
Providence, R.I.	57	41	13	3	—	—	4	Tampa, Fla.	66	38	14	8	4	2	4
Somerville, Mass.	6	5	1	—	—	—	—	Washington, D.C.	69	36	25	4	4	—	1
Springfield, Mass.	58	37	14	—	5	2	1	Wilmington, Del.	61	32	21	6	2	—	4
Waterbury, Conn.	29	22	6	—	1	—	3	E.S. CENTRAL	812	527	202	35	26	22	41
Worcester, Mass.	31	18	9	3	—	1	5	Birmingham, Ala.	93	57	24	4	4	2	2
MID. ATLANTIC	2,660	2,114	310	81	70	60	98	Chattanooga, Tenn.	101	62	32	3	3	1	7
Albany, N.Y.	49	30	16	1	1	1	3	Knoxville, Tenn.	40	30	8	1	1	—	1
Allentown, Pa.	13	10	3	—	—	—	2	Louisville, Ky.	131	80	34	1	5	11	8
Buffalo, N.Y.	100	66	24	4	3	3	5	Memphis, Tenn.	168	111	39	10	8	—	7
Camden, N.J.	45	25	12	4	4	—	—	Mobile, Ala.	109	69	24	11	1	4	3
Elizabeth, N.J.	26	24	2	—	—	—	2	Montgomery, Ala.	53	43	7	2	1	—	1
Erse, Pa.†	44	35	6	—	2	1	1	Nashville, Tenn.	117	75	34	3	3	2	12
Jersey City, N.J.	45	35	8	1	—	1	—	W.S. CENTRAL	1,305	760	316	106	59	63	50
N.Y. City, N.Y. ‡	1,425	1,323	9	13	33	22	51	Austin, Tex.	76	51	15	5	3	2	3
Newark, N.J.	89	43	32	6	2	6	9	Baton Rouge, La.	44	33	7	3	1	—	1
Pasaron, N.J.	39	19	8	2	1	9	1	Corpus Christi, Tex.	36	20	8	2	1	4	1
Philadelphia, Pa.†	306	181	89	21	8	7	12	Dallas, Tex.	219	134	49	15	12	9	8
Pittsburgh, Pa.†	62	41	17	2	—	2	1	El Paso, Tex.	70	40	18	7	2	3	3
Reading, Pa.	38	30	5	3	—	—	1	Fort Worth, Tex.	84	56	17	9	2	—	5
Rochester, N.Y.	137	93	25	11	4	4	4	Houston, Tex.	251	100	116	33	21	11	3
Schenectady, N.Y.	18	14	3	—	—	1	—	Little Rock, Ark.	64	37	11	5	2	9	6
Scranton, Pa.†	29	21	7	1	—	—	2	New Orleans, La.	143	77	42	9	8	7	3
Syracuse, N.Y.	114	73	23	8	7	3	2	San Antonio, Tex.	188	125	41	8	5	9	8
Trenton, N.J.	39	25	10	3	1	—	—	Shreveport, La.	43	24	7	6	1	5	3
Utica, N.Y.	15	9	4	—	2	—	—	Tulsa, Okla.	87	63	15	4	1	4	6
Yonkers, N.Y.	27	17	7	1	2	—	2	MOUNTAIN	685	402	155	45	43	35	32
E.N. CENTRAL	2,584	1,643	607	154	78	102	77	Albuquerque, N. Mex.	93	39	23	13	16	1	2
Akron, Ohio	89	70	15	—	2	2	—	Colo. Springs, Colo.	39	19	17	2	—	1	6
Canton, Ohio	38	30	7	1	—	—	—	Denver, Colo.	145	91	27	10	6	11	3
Chicago, Ill.	621	354	162	49	24	32	12	Las Vegas, Nev.	75	41	15	6	5	4	2
Cincinnati, Ohio	179	163	50	14	4	8	7	Ogden, Utah	28	22	3	—	1	2	1
Cleveland, Ohio	119	75	32	4	3	5	—	Phoenix, Ariz.	134	85	32	4	4	9	3
Columbus, Ohio	178	108	35	11	9	11	7	Pueblo, Colo.	32	19	5	4	3	1	1
Dayton, Ohio	117	65	37	9	2	4	2	Salt Lake City, Utah	36	17	10	3	2	4	1
Detroit, Mich.	298	169	78	30	9	12	10	Tucson, Ariz.	103	69	23	3	6	2	13
Evansville, Ind.	64	52	8	1	1	2	1	PACIFIC	1,823	1,225	378	122	59	37	85
Fort Wayne, Ind.	50	33	14	3	—	—	—	Berkeley, Calif.	26	20	5	1	—	—	—
Gary, Ind.	14	8	2	3	—	1	1	Fresno, Calif.	67	48	13	2	2	2	3
Grand Rapids, Mich.	94	68	21	3	1	1	5	Glendale, Calif.	25	19	5	—	—	1	2
Indianapolis, Ind.	162	104	35	7	8	8	5	Honolulu, Hawaii	65	37	19	6	1	2	5
Madison, Wis.	59	41	10	4	2	2	3	Long Beach, Calif.	86	55	20	7	2	2	4
Milwaukee, Wis.	186	141	30	5	3	7	3	Los Angeles, Calif.	511	317	121	42	22	8	15
Peoria, Ill.	29	17	9	—	1	2	4	Oakland, Calif.	50	34	10	4	1	1	3
Rockford, Ill.	42	33	6	1	2	—	3	Pasadena, Calif.	33	27	4	1	1	—	—
South Bend, Ind.	74	54	15	1	2	2	3	Portland, Ore.	161	111	30	7	10	3	4
Toledo, Ohio	106	69	26	7	3	1	2	Sacramento, Calif.	76	51	17	5	1	2	5
Youngstown, Ohio	65	49	11	1	2	2	1	San Diego, Calif.	109	72	15	7	4	5	6
W.N. CENTRAL	782	539	155	40	18	30	39	San Francisco, Calif.	171	116	30	16	5	3	3
Des Moines, Iowa	59	49	7	2	1	—	2	San Jose, Calif.	165	115	36	9	2	3	16
Duluth, Minn.	32	21	8	2	1	—	2	Seattle, Wash.	153	100	32	12	5	4	6
Kansas City, Kans.	36	22	5	2	1	2	2	Spokane, Wash.	85	66	13	3	2	1	10
Kansas City, Mo.	105	72	15	6	1	7	5	Tacoma, Wash.	46	37	8	—	1	—	3
Lincoln, Nebr.	36	26	6	3	1	—	3	TOTAL	12,351 ^{††}	8,283	2,546	678	417	396	506
Minneapolis, Minn.	128	93	21	8	—	6	2								
Omaha, Nebr.	91	59	23	6	1	2	6								
St. Louis, Mo.	140	88	30	5	8	9	3								
St. Paul, Minn.	81	60	15	4	1	1	4								
Wichita, Kans.	74	49	17	2	3	3	9								

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

‡Data not available. Figures are estimates based on average of past 4 weeks.

Insulin Infusion Pumps – Continued

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Editorial Note: The introduction of CSII pumps into clinical practice has provided a new modality of therapy for the treatment of insulin-dependent diabetics, who represent 5%-15% of all diabetics. Because pumps are classified as devices, they do not require the same extensive FDA evaluation that drugs do before being released. The literature on the clinical experience with these devices is limited to carefully controlled, short-term conditions. This report provides the first available information on a community experience with this new technology.

Extrapolating the rates of 19-92/100,000 diabetics nationally suggests that between 1,000 and 4,800 diabetics have been begun on pumps. In the Atlanta area, physicians generally restrict use of the pumps to highly motivated, upper socio-economic-group patients with major clinical complications or with difficult blood-sugar-control problems.

As more information becomes available about the most appropriate use of these devices, the pattern of clinical usage may well change. Continued observation of the community use of CSII pumps should provide more information about patterns of utilization among physicians and patients, characteristics of patients being placed on pumps, indications used, and complications associated with this new technology.

TABLE I. Summary – cases of specified notifiable diseases, United States

DISEASE	2nd WEEK ENDING			CUMULATIVE, FIRST 2 WEEKS		
	January 16 1982	January 17 1981	MEDIAN 1977-1981	January 16 1982	January 17 1981	MEDIAN 1977-1981
Aseptic meningitis	78	75	56	160	144	112
Brucellosis	—	3	3	3	3	3
Encephalitis: Primary (arthropod-borne & unsp.)	10	11	9	17	21	20
Post-infectious	—	1	—	—	2	2
Gonorrhea: Civilian	18,239	18,926	18,706	37,010	37,128	35,012
Military	533	672	496	1,032	1,227	1,128
Hepatitis: Type A	304	397	439	613	718	821
Type B	255	313	283	498	585	516
Non A, Non B	21	N	N	30	N	N
Unspecified	158	168	168	286	320	292
Legionellosis	4	N	N	5	N	N
Leprosy	—	4	2	—	6	5
Malaria	7	35	9	14	54	16
Measles (rubeola)	6	49	81	11	64	199
Meningococcal infections: Total	51	47	44	86	102	72
Civilian	51	47	44	86	102	72
Military	—	—	—	—	—	—
Mumps	69	83	250	111	143	363
Pertussis	8	13	21	18	21	31
Rubella (German measles)	34	38	88	50	67	142
Syphilis (Primary & Secondary): Civilian	566	617	428	1,123	1,135	859
Military	12	5	3	18	14	10
Tuberculosis	324	403	403	634	643	663
Tularemia	1	3	3	1	4	4
Typhoid fever	8	14	6	11	19	9
Typhus fever, tick-borne (RMSF)	2	1	1	5	4	2
Rabies, animal	73	54	47	144	168	89

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	—	Poliomyelitis: Total	—
Botulism	5	Paralytic	—
Cholera	1	Psittacosis	4
Congenital rubella syndrome	—	Rabies, human	—
Diphtheria	—	Tetanus	1
Leptospirosis	—	Trichinosis (N.Y. City 2)	3
Plague	—	Typhus fever, flea-borne (endemic, murine)	—

N: Not notifiable

Influenza B, Influenza A(H1N1) — United States

Isolates of influenza B associated with sporadic cases of respiratory illness were reported from Arizona, New York, and Texas for September, October, and November (1,2). In December and early January, isolates of influenza type B virus were obtained from patients in Los Angeles, California; Honolulu, Hawaii; Las Vegas, Nevada; and Albuquerque, New Mexico. In addition to those reported earlier for patients in Houston, Texas, and Tucson, Arizona (1), isolates of influenza B were also obtained in these cities in December and early January.

Of 3 of the isolates obtained in Tucson in December, 2 were from patients (8 and 15 years old) hospitalized with pneumonia, and a third was from a 5-month-old infant seen for a respiratory illness at an outpatient clinic. In the second half of December, when these patients were seen, the number of cases of respiratory illness observed in Tucson rose. In early January, increased school absenteeism occurred in some localities and additional influenza B viruses were isolated.

Influenza B virus isolates from children and adults have again been reported from Houston; in Honolulu, influenza B viruses were recovered from 2 children, ages 12 and 13 years, who were seen early in December as outpatients with upper respiratory illness and fever. An influenza B virus isolate was obtained on December 22 in Albuquerque from a 9-month-old infant with respiratory illness. An isolate of influenza B virus was obtained from a 9-year-old girl from Los Angeles who was treated December 23 for influenza. In Las Vegas, influenza B viruses were isolated about January 5 from 2 children with respiratory illness.

Sporadic isolates of influenza A(H1N1) were recovered in mid-December or early January from 1 young adult in Salt Lake City, Utah; from 4 children or young adults in Houston, Texas; and from a child in San Francisco, California.

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References

1. CDC. Influenza B—Texas. MMWR 1981;30:566.
2. CDC. Influenza—United States, worldwide. MMWR 1981;30:634-5.

Surveillance Summary

Measles, United States — Weeks 49-52, 1981

In 1981, a provisional total of 3,032 cases of measles were reported in the United States. This represents a 78% decrease from the 13,506 cases reported in 1980. In the 4-week period December 6, 1981, through January 2, 1982 (reporting weeks 49-52), 71 cases were reported. Of these 71 cases, 35 (49%) occurred in Pennsylvania. Fewer than 1% (28) of the

Measles – Continued

nation's 3,144 counties reported measles in this period (Figure 2). Throughout 1981, only 317 (10%) counties in the United States reported measles.

During weeks 49-52 there were 2 importations, both involving foreign citizens: 1 from the Republic of Korea and 1 from El Salvador. The cases were reported from upstate New York and Virginia, respectively. The importation from Korea involved a 7-month-old infant. The importation from El Salvador involved a 15-year-old high school foreign-exchange student who had rash onset on November 8, within 2 weeks of arrival in the United States. The latter patient's measles-immunity status had not been assessed before arrival in the United States. Two other students contracted measles from the index patient.

The student from El Salvador infected her brother, who had rash onset on November 18. He also is a foreign-exchange student, and introduced measles into New Hampshire (1). To date, 3 cases of measles have resulted from this importation into New Hampshire.

Reported by Quarantine Div, Immunization Div, Center for Prevention Svcs, CDC.

Editorial Note: Measles transmission continues to occur at very low levels in the United States. In the 4-week period discussed, more than 99% of the nation's 3,144 counties reported no measles, suggesting that measles transmission has been interrupted in these counties. Nearly half the measles cases were reported from 1 state, which has implemented a strong outbreak-control program.

References

1. CDC. Measles, United States—Weeks 49-52, 1981. MMWR 1981;30:621-3.

FIGURE 2. States and counties reporting measles, weeks 49-52, December 9, 1981-January 2, 1982



*7 cases Upstate New York and 5 cases in New York City

Notice to Readers**TABLES I and III (Notifiable Diseases) REVISED**

Beginning with this issue, the following changes, recommended by the Conference of State and Territorial Epidemiologists, have been made in the number of notifiable diseases reportable to the Centers for Disease Control:

1. Hepatitis, non-A, non-B and legionellosis have been added to Table I and p. 1 of Table III.
2. Chickenpox has been deleted from Tables I and III.

Erratum, Vol. 30, No. 52

- p638.** In the article "Psittacosis associated with turkey processing—Ohio," the following were omitted from the credits and should be added: CK Pulliam, Ohio State Dept of Health, Dayton; Hazard Evaluations and Technical Assistance Br, Div of Surveillance, Hazard Evaluations and Field Services, NIOSH, CDC.

The Morbidity and Mortality Weekly Report, circulation 100,000, is published by the Centers for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts on interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Attn: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

Send mailing list additions, deletions and address changes to: Attn: Distribution Services, Management Analysis and Services Office, 1-SB-419, Centers for Disease Control, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

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